

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INVESTIGATOR	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LT	907	03-13-01
RESPONSE FORMALITY REVIEW	-	-	-

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Original	
1 ✓	✓
2 ✓	✓
3 ✓	✓
4 ✓	✓
5 ✓	✓
6 ✓	✓
7 ✓	✓
8 ✓	✓
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Claim	Date
Final Original	
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Claim	Date			
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If more than 150 claims or 10 actions  
staple additional sheet here

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